BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/807774 | FILING DATE

APPLICANT(S)

Amdt B CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		
3		2		1		
4				1		
5	1		1		1	
6		0		0		0
7		0		0		0
8		0		0		0
9		0		0		0
10		0		0		0
11		0		0		
12	1		1			
13		1		1		
14	1		1			
15		2		2		
16		0		2		
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TOTAL IND.			4		2	
TOTAL DEP.			14		7	
TOTAL CLAIMS			18		9	

	* Amdt C		* Amdt D		*	
	IND.	DEP.	IND.	DEP.	IND	DEP.
51	1		1			
52		1		1		
53		1		1		
54		1		1		
55	1		1			
56		2		2		
57		2		2		
58		2		2		
59		2		2		
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100						
TOTAL IND.	2		2			
TOTAL DEP.	11		11			
TOTAL CLAIMS	13		13			

PTO-2030 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS